

CGS Technology

1632 Enterprise Pkwy Unit E
Twinsburg, Oh. 44087

Product Return Request Facsimile Form

Fax# 330-487-0599

| | |
|-----------------|-------------------|
| Company Name: | Your Name: |
| Address: | |
| City/State/Zip: | |
| Phone #: | Fax #: |
| CGS Customer #: | CGS Salesperson : |

Please indicate in the comments column whether the return is for Repair/Replacement or Credit Return. If the request is for Credit Return, please review the Warranty Policies concerning Credit Returns prior to making the request. If the request is for Replacement and a Cross-Shipment is needed, please indicate that in the comments column. COD and Credit Card customers must provide a valid Credit Card. Terms customers must provide a PO#.

| Invoice# | Date | Item# | Qty | Serial Number | Problem Description | Comments |
|----------|------|-------|-----|---------------|---------------------|----------|
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To be completed by a CGS Representative

RMA# _____

Date _____

Issued By _____

Comments: _____

